ATTACHMENT 2
SeniorCare and Medicare Part D Coordination of Benefits Quick Reference

Pharmacy providers should use the following claim submission steps when coordinating benefits for participants enrolled in Wisconsin SeniorCare and a Medicare Part D Prescription Drug Plan (PDP).

1. Submit the claim to the participant's PDP. The claim response received from the PDP should include the following:
   - Other health insurance sources that claims may be submitted to after they have been submitted to Medicare Part D.
   - The claim payment amount or the specific claim rejection code(s).

2. Submit the claim to other health insurance sources.
   - If the PDP issued payment and the next health insurance source is *not* SeniorCare, the claim must be submitted to the next health insurance source before it may be submitted to SeniorCare. When the claim is submitted to SeniorCare, it must include the information indicated in the next bullet.
   - If the PDP issued payment and the next health insurance source is SeniorCare, the claim must include the following information or it will be denied:
     - ✓ The other coverage code "2" in field 308-C8.
     - ✓ The PDP paid amount in field 431-DV.
     - ✓ The patient responsibility in field 433-DX.
   - If the SeniorCare participant has reached the "donut hole," pharmacy providers should submit the claim to the participant's PDP *first* and then submit the claim to Wisconsin SeniorCare using the other coverage code "4" (Other coverage exists — payment not collected.) in field 308-C8.
   - If the PDP denies the claim, the claim must include the appropriate "other coverage code" with applicable reason for denial. The following are other coverage codes:
     - ✓ "0" Not specified.
     - ✓ "1" No other coverage identified.
     - ✓ "3" Other coverage exists — this claim not covered.
     - ✓ "4" Other coverage exists — payment not collected.
     - ✓ "5" Managed care plan denial.
     - ✓ "7" Other coverage exists — not in effect at time of service.

SeniorCare is the payer of last resort. If other health insurance sources exist, providers are required to submit claims to those sources before they are submitted to SeniorCare.

Providers are required to report to SeniorCare any out-of-pocket expenses (i.e., coinsurance, deductible, copayment) determined by the primary insurance. SeniorCare will calculate and issue reimbursement, if applicable, for the claim submitted by the pharmacy. Other SeniorCare policies, including but not limited to prior authorization, have not changed.